

Unannounced Care Inspection Report 1 October 2020



Belfast Supported Living Services

Type of Service: Domiciliary Care Agency
Address: 1 Dunmisk Walk, Belfast, BT11 8JY
Tel No: 028 9062 7895
Inspector: Kieran Murray

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a domiciliary care agency supported living type which provides services to 34 service users living in their own homes within the Belfast Health and Social Care Trust (BHSCT) area, who require care and support with their mental ill health and learning disability. The service users are supported by 25 staff.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group	Registered Manager: Ms Rois McCotter
Responsible Individual(s): Mr Greer Wilson	

Person in charge at the time of inspection: Team Leader	Date manager registered: 9 March 2009
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4.0 Inspection summary

An unannounced inspection took place on 1 October 2020 from 09.15 to 17.30.

Due to the coronavirus (Covid-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Since the last inspection on 6 August 2019, RQIA were not notified of any notifiable incidents. Whilst RQIA was not aware that there was any specific risk to the service users within Belfast Supported Living Services. A decision was made to undertake an on-site inspection adhering to social distancing guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

****One area requiring improvement was identified for the second time in relation mandatory training. We noted that the agency's training plan indicated a number of training which was not compliant with the Regulations and Minimum Standards.**

Evidence of good practice was found in relation to:

- Access NI checks
- registrations with Northern Ireland Social Care Council (NISCC)
- COVID-19 education and management, including infection prevention and control (IPC) measures and updating of the policy; and
- use of personal protection equipment (PPE).

Service user comments:

- "I can't handle the supermarkets because of the rules."
- "I bought washable masks."
- "It's a god send when I moved in here ."
- "The staff wear masks."
- "I spoke to family socially distanced outside."
- "COVID-19 is hard for everybody."
- "I have the highest admiration for Praxis."
- "The management are all approachable."
- "The staff did music nights once a week during lockdown."
- "The staff treat us with respect and dignity."

Relative's comments:

- "If it wasn't for the agency XXXX would be in hospital more."
- "The staff keep me well informed."
- "We went down to the carpark to celebrate XXXX's birthday."
- "I don't have any concerns."
- "The staff are very supportive."
- "The staff are always at the end of the phone if you need them."

BHSCT representatives comments:

- "(Agency) Very good service."
- "No concerns."
- "Never any problems."

Staff comments:

- "We adhere to the guidelines to keep people safe."
- "We have managed to keep COVID-19 out so far."
- "Social distancing all the time."
- "We have a COVID-19 file and get email updates."
- "Management is excellent."
- "We all work together."
- "The staff are good."
- "I feel that the service is very well lead and the Team Leaders (TL's) and managers are all approachable."
- "Any concerns or issues that are highlighted are dealt with."
- "All of the service users individual needs are met and they are also supported to reach their own goals."

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1 *

**One area for improvement was identified which is stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Rois McCotter (via telephone conversation) and the team leader as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 06 August 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 6 August 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service. We also spoke with HC professionals involved with the service.

We ensured that the appropriate staff checks were in place before staff visited service users.

- Recruitment records specifically relating to Access NI and NISCC registration.
- COVID-19: guidance for domiciliary care providers in Northern Ireland Updated 12 May 2020.
- A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

We provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

“Tell us” cards were provided for service users and those who visit them the opportunity to contact us after the inspection with their views. No responses were received prior to the issue of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency’s registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; six responses were received prior to the issue of the report.

Ten questionnaires were also provided for distribution to the service users and their representatives, 10 responses were received prior to the issue.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately.

A number of concerns were raised by service users and staff, as there were no contact details for service users or staff these were discussed with the manager on the 20 October 2020 who has agreed to action as appropriate.

During the inspection we met with three service users, five staff and telephone communications with the manager, one service users’ relative and two staff from BHSCT.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as not met.

We would like to thank the service users, service user's relatives, staff and BHSCT staff for their support and co-operation throughout the inspection process.

6.0 The inspection

Areas for improvement from the last care/finance inspection dated 6 August 2019		
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.		Validation of compliance
Area for improvement 1 Ref: Standard 12.3 Stated: First time	Mandatory training requirements are met.	Not met
	This specifically relates to first aid and personal safety training. Ref: 6.2	
	Action taken as confirmed during the inspection: We reviewed training records which evidenced mandatory training including the above trainings were not up to date.	

6.1 Inspection findings

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) Department, located at the organisation's head office. Discussion with the manager and team leader identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to AccessNI. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that AccessNI checks were completed before commencement of employment.

We noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

We reviewed a number of induction records which included the NISCC Induction Standards, lasting at least three days which is in accordance with the timescales detailed within the Regulations.

We reviewed the records relating to staff training which indicated non-compliance with Regulations and Standards. **An area for improvement has been stated for the second time.

We examined the agency's provision for the welfare, care and protection of service users. We viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. We received feedback from the staff, and reviewed documentation which indicated

that safeguarding training provided by the agency includes the information relating to the regional guidance.

The staff who spoke to us were aware that the agency had an Adult Safeguarding Champion (ASC) and their role.

Staff who spoke with us were confident regarding their roles and responsibilities in relation to safeguarding issues and were clear about lines of accountability. On the day of the inspection we noted that the agency had made a number of safeguarding referrals to the BHSCT since the last inspection 06 August 2019 and that the referrals had been managed appropriately. On the day of the inspection we examined the Annual Position Report and we found it be satisfactory.

The agency maintains a policy relating to complaints and compliments; these records are recorded and managed in accordance with the agency's policy and procedure. We noted that the agency had received a small number of complaints since the last inspection 06 August 2019. We noted that the complaints had been managed within the agency's policy and procedure. We also noted that the complainants were fully satisfied with the outcomes.

Service quality:

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

We noted the following comments from service users, staff and BHSCT representatives on the monthly quality monitoring reports:

Service users

'Managing well within current situation and changes to their routine which could have a significant impact on wellbeing.'

BHSCT representatives

'Communication between the teams continues to be good.'

Staff

'XXX enjoys their role.'

We reviewed a number of care plans in place for individual service users. These fully described the care and support required for individuals and included:

- referral information
- care plan
- risk assessments
- reviews

On the day of the inspection it was noted that there were a number of restrictive practices in place; those implemented were of the least restrictive nature considered necessary in conjunction with the service user, representatives and the SHSCT and were noted to have been reviewed every year.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to completion of checks of Access NI in conjunction with the HR Department, NISCC registrations, safeguarding, quality monitoring, care records, reviews and restrictive practices.

Areas for improvement

** An area for improvement was identified in relation to mandatory training for the second time.

	Regulations	Standards
Total number of areas for improvement	0	1*

Covid-19:

We spoke with two staff members, who were knowledgeable in relation to their responsibility in relation to COVID-19. Two staff who spoke to us on the day of the inspection were aware of the guidance in relation to use of PPE for activities that brought them within two metres of service users. Staff told us they were aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed records relating to IPC policies, training and use of PPE which were in-line with the guidance. The policies and procedures had been updated to include Covid-19 and were available electronically within the agency.

Staff who spoke to us described how and where donning and doffing of PPE happened within the agency.

We reviewed records that indicated that service users and staff had their temperatures monitored twice daily in accordance with the guidance. Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste. It was also positive to note that the agency staff checked their own temperature on entering the agency.

Service users and staff who spoke to us on the day of the inspection were aware that if someone is in isolation with suspected COVID-19, they must not visit shared spaces such as sitting areas /common rooms.

We evidenced a completed service user Covid-19 survey. We reviewed the outcome and noted a positive result. We would like to commend the agency for completing this survey.

We evidenced daily cleaning schedules within the agency. We evidenced easy read two meter guides for service users throughout the agency.

Hand sanitisers were placed in different areas throughout the agency for service users, staff and visiting professionals to use to ensure good hand hygiene.

The team leader advised us that monitoring of staff practices took place by direct observations and service user feedback.

The team leader advised us that information was disseminated to staff via emails and links to updates were attached to the COVID-19 risk assessment folder which is available to all staff.

Areas of good practice

Compliance with COVID-19 guidance and service user Covid-19 survey.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Rois McCotter Registered Manager (via telephone communication) and the team leader, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 12.3 Stated: Second time To be completed by: Immediate and ongoing	The registered person shall ensure that all mandatory training requirements are met.
	This relates to all mandatory training which includes first aid and personal safety training.
	Ref: 6.1
	Response by registered person detailing the actions taken: All staff requiring Personal Safety Training or 1 st Aid Training have been booked in to have this completed.

Please ensure this document is completed in full and returned via Web Portal



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